

EM
DN 10/27/15

City of Newton, Massachusetts

Inspectional Services Department

1000 Commonwealth Avenue
Newton, Massachusetts 02459

Permit No.: 15101140

Date Issued: _____

Date Received: 10-28-15

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT: APPLICANTS MUST COMPLETE ALL ITEMS ON THIS PAGE

LOCATION INFORMATION

Inspector: AG District No.: 2

Location: 1186 Chestnut St Zoning District: MB-1

Section: 51 Block: 40 Lot: 23 Year Built: 1910

Historic District: ☒ No ☐ Yes Condominium: ☒ No ☐ Yes

TYPE AND USE OF BUILDING

Type of Improvement

- ☐ New Building
☐ Addition
☐ Alteration
☐ Demolition
☐ Repair, Replacement
☐ Signage
☐ Temporary Tent
☐ Other: _____

Proposed Use: Residential

- ☐ Single Family
☐ Two Family
☐ 3 or more Family
 No. of Units: _____
☒ Garage
☐ Other: _____

Proposed Use: Non-Residential

- ☐ Commercial
☐ Industrial
☐ Hospital, Institutional
☐ Church, other Religious
☐ Public
☐ Wireless Communication
☐ Other: _____

Description of work to be performed: Adding a roof

Cover existing Garage add door and windows

One set of stairs lead to existing deck above

According to Plan submitted

Board of Alderman; Special Permit; BOA #: _____ Zoning Board of Appeals; Variance; Petition #: _____

IDENTIFICATION (PLEASE TYPE OR PRINT CLEARLY)

Property Owner:

Name: Seyod A. Zekavat Phone: 906-370-2597

Address: 368 Bayston St, Unit B Newton, MA 02459

Contractor:

Name: Const Obante Phone: (978) 590-8634

Address: 5 Walnut St Lawrence, MA 01841

Supervisor's Construction License: CS-087250 Exp. Date: 11/07/2015

Home Improvement Registration: 173433 Exp. Date: 10/03/2016

Contractor ID #: 213955

Architect/Engineer:

Name: _____ Phone: _____

Address: _____ Reg. No.: _____

SIGNATURES: *Note: Persons contracting with unregistered contractors do not have access to the guaranty fund.

x [Signature] OCT 31 2015
SIGNATURE OF AGENT/OWNER[Signature]
SIGNATURE OF CONTRACTOR

DEBRIS REMOVAL: CONSTRUCTION DEBRIS IS NOT TO BE DISPOSED OF IN THE CITY OF NEWTON TRASH COLLECTION SYSTEM

Section 105.3.1.2 780 CMR, Mass. State Building Code states: "..... A condition of issuing a permit for the demolition, renovation, rehabilitation, or other alteration of a building or structure, M.G.L. Ch. 40 § 54, requires that the debris resulting therefrom shall be disposed of in a properly licensed said waste disposal facility* as defined by M.G.L.Ch.111, § 150 A."

Lawrence MA or transfer station in Salem N.H.

*Location of Facility or Dumpster Company's Name and Address

FEE SCHEDULE: BUILDING PERMIT \$20.00 PER \$1,000.00 OF CONSTRUCTION OR FRACTION THEREOF

ROUNDED UP TO THE NEAREST THOUSAND

Total cost of the job: \$ 33,900 34,000 X .02 = FEE \$ 680-

Check No.: 300007659 Receipt No.: 18000011002

THE FOLLOWING SECTIONS FOR OFFICE USE ONLY**DEPARTMENT APPROVALS****APPROVED****DISAPPROVED****NOT APPLICABLE**

Planning and Development



D-S



Conservation



Historic



Health Department



Fire Department



Engineering Department



Sidewalk Bond



Water & Sewer

**COMMENTS/NOTES:**

BUILDING PERMIT APPROVED AND ISSUED BY: 



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Crest Dorante

Address: 5 Wilmet St

City/State/Zip: Lawrence, MA 01841 Phone #: (978) 590-8634

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☒ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Commerce Ins

Policy # or Self-ins. Lic. #: 000798 Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: Oct 21/2007

Phone #: 978 590-8634

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Newton Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other Inspectional Services Dept.

Contact Person: John D. Lojek, Commissioner Phone #: 617.796.1060



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AMAZONia Insurance Agency Inc. 66 Bow Street Somerville, MA 02143	CONTACT NAME:	
	PHONE (A/C, No, Ext): (617) 625-1900	FAX (A/C, No): (617) 666-0037
INSURED MR CLEAN GENERAL CONTRACTOR ADELINO LAURINDO 18 GOVERNOR WINTHROP RD # 01 SOMERVILLE, MA 02145	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Commerce Insurance	
	INSURER B: TRAVELERS INDEMNITY CO OF CONN	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
NAIC #		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			BDDPQM	1/4/15	1/4/16	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
								\$
								\$
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS							\$
	HIRED AUTOS							\$
								\$
								\$
								\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
								\$
	DED							\$
	RETENTION \$							\$
								\$
								\$
								\$
								\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB1C027438	7/26/15	7/26/16	WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED? (Mandatory in NH)	Y/N						
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A					
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
				E.L. DISEASE - POLICY LIMIT	\$ 500,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

JOB LOCATION :1186 CHESTNUT ST , NEWTON MA .

CERTIFICATE HOLDER**CANCELLATION**

CITY OF NEWTON
1000 COMMONWEALTH AVE
NEWTON, ma 02459

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AMAZONIA INSURANCE AGENCY

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ACORD 25 (2010/05)

Phone:

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Fax:

E-Mail: